

**COUNTY OF LOS ANGELES**

**DEPARTMENT OF CORONER**

*Law and Science Serving the Community*

***INFORMATION BOOKLET***

***FOR***

***HOSPITAL AND NURSING HOME FACILITIES***

**OCTOBER 2002**

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## I. INTRODUCTION

This procedure booklet is issued for the purpose of providing hospitals and nursing home personnel with general and specific information concerning those cases that come under the jurisdiction of the County of Los Angeles Department of Coroner.

We intend this information to be a guide for personnel at your facility assigned to emergency/admitting, pathology, and information desks.

It is our policy to revise these procedures as changes in the law and Department policy require. Any questions concerning the information contained in this booklet will be gladly answered.

The Department of Coroner is located at

1104 North Mission Road  
Los Angeles, CA 90033,

at the corner of Mission Road and Marengo Street, on the grounds of the Los Angeles County+University of Southern California Medical Center. The Investigations Division is on duty 24-hours a day, 7-days a week, 365 days a year. A deputy medical examiner is available as needed for emergency consultation.

### **IT'S THE LAW!**

Once a patient is declared dead and falls under the jurisdiction of the Coroner as required by the California Government and Health & Safety Code, the following becomes applicable:

- The body may not be used for training or practice. No photographs or fingerprints may be taken. No evidence shall be removed or collected (including GSR). Medical apparatus shall remain in place. The body should not be moved from its location without the knowledge and consent of the Coroner.
- The clothing and personal property, regardless of whether it is on the body or removed from the body, belongs to the Coroner. Evidence or personal property may not be released to a law enforcement agency or next of kin without the knowledge and consent of the Coroner.
- The death must be reported to the Coroner **IMMEDIATELY**. This may be done by hospital staff or in some cases, the responsible law enforcement agency.

**FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS COULD RESULT IN LEGAL SANCTIONS. FURTHER, THIS MAY COMPROMISE A CRIMINAL AND/OR MEDICOLEGAL INVESTIGATION OF A DEATH.**

**IT IS EXTREMELY IMPORTANT THAT ALL PERSONS INVOLVED IN THE HANDLING OF CORONER'S CASES COORDINATE THEIR ACTIONS AND COMMUNICATE THEIR NEEDS AND CONCERNS TO THE CORONER TO AVOID DUPLICATION OF EFFORT, WASTED STAFF TIME, DESTRUCTION OR MISHANDLING OF EVIDENCE AND LOSS OF PROPERTY.**

## I. REPORTABLE DEATHS TO THE CORONER

The California Health and Safety Code 102850 and Government Code 27491, require that certain deaths must be reported to the coroner and directs the Coroner to inquire into and determine the circumstances, manner and cause of the following deaths which are immediately reportable to the Coroner.

### . Health and Safety Code 102850

A physician and surgeon, physician assistant, funeral director or other person shall **immediately** notify the Coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:

1. Without medical attendance.
2. During the continued absence of the attending physician and surgeon.
3. Where the attending physician and surgeon or the physician assistant is unable to state the cause of death.
4. Where suicide is suspected.
5. Following an injury or accident.
6. Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

**Any person who does not notify the Coroner as required by this section is guilty of a misdemeanor.**

### . Government Code 27491

It shall be the duty of the Coroner to inquire into and determine the circumstances, manner and cause of:

1. All violent, sudden or unusual deaths.
2. Unattended deaths.
3. Deaths wherein the deceased has not been attended by a physician in the 20 days before death.
4. Death related to or following known or suspected self-induced or criminal abortion.
5. Known or suspected homicide, suicide, or accidental poisoning.
6. Deaths known, or suspected as resulting in whole or in part from, or related to accident or INJURY, either OLD or RECENT.
7. Deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration.
8. Where the suspected cause of death is Sudden Infant Death Syndrome (SIDS).
9. Death in whole or in part occasioned by criminal means.
10. Deaths associated with a known or alleged rape or crime against nature.
11. Deaths in prison or while under sentence.
12. Deaths known or suspected as due to contagious disease and constituting a public hazard.
13. Deaths from occupational disease or occupational hazards.
14. Deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health.

15. Deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services.
16. Deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, or any deaths reported by physicians or other persons having knowledge of death, for inquiry by the Coroner.
17. Any deaths reported by physicians or other persons having knowledge of death for inquiry by the Coroner.

**Any person who does not notify the Coroner as required by this section is guilty of a misdemeanor.**

#### **Deaths Requiring An Inquiry/Decision**

Certain types of cases not listed in the State Law but which often pose problems or are difficult to evaluate, should be reported to the Coroner for a decision. These include, but are not limited to the following:

- Persons dying within 24 hours of admission in the hospital, or not medically attended by a physician within 24-hours of the time of death, unless the attending physician has established a natural cause of death.
- All deaths occurring in operating rooms, during therapeutic or diagnostic procedures or as a result of complications of these procedures (postoperative, e.g., wound infections) or when the patient has not regained consciousness after an anesthetic should be reported. These are not all Coroner's cases unless the death is known or suspected as being due to misadventure during the surgery, therapy, procedure or anesthetic. These cases are often difficult to evaluate and should be referred to the Department of Coroner for a decision. The surgeon or physician with the most knowledge of the circumstances should report the death. The deaths occurring within 24 hours after surgery should also be reported.
- All deaths in which the patient is comatose on arrival and remains so throughout his/her hospital care unless the cause of the coma has been definitely established as due to a natural disease.
- The death of an unidentified person will be accepted as a Coroner's case. It is acceptable for the treating physician to opine a cause of death for an unidentified person who dies from a natural disease process. After the death is reported, the Coroner will attempt to identify the decedent. All efforts to identify the decedent by hospital staff, law enforcement agencies or social service agencies should be well documented in the medical records. The cause of death opined by the private physician will be used by the Coroner for the official death certificate. **Do not place the name "John/Jane Doe" on the signed death certificate.**
- All deaths involving hip fractures if the attending physician believes the fracture caused or contributed to the cause of death. If the fracture is to appear anywhere on the death certificate, the certificate must be completed by the Department of Coroner and not by the attending physician.
- All deaths in which an injury or an accident is the cause or a contributing cause regardless of how distant or remote in time or place the accident or injury may have occurred. This includes subdural hematomas, comas, para/quadruplegia, fractures and seizure disorders, regardless of the time interval between the injury and death.

All cases known or suspected as coming under the jurisdiction of the Coroner should be reported immediately to (323) 343-0711. The family or next-of-kin of the decedent should not be approached for permission for an autopsy prior to clearance from the Coroner's office. Removal of tissue from Coroner's cases for scientific or transplant purposes MUST NOT be performed without prior approval of the Coroner, regardless of prior next-of-kin authorization.

The Coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of the law. If such inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of a death occurring under natural circumstances the Coroner may authorize the physician to sign the certificate of death. In all other instances, the Coroner or his appointed deputy shall personally sign the death certificate.

The decision as to whether a death is in fact a Coroner's case rests with the Coroner. If it is determined, after appropriate evaluation, that the death is not a Coroner's case, it then becomes the responsibility of the attending physician to issue the death certificate.

According to Health and Safety Code 102825, the physician and surgeon last in attendance, or in the case of a patient in a skilled nursing or intermediate care facility at the time of death, the physician and surgeon last in attendance or a licensed physician

assistant under the supervision of the physician and surgeon last in attendance, on a deceased person shall state on the certificate of death the disease or condition directly leading to death, antecedent causes, or other significant conditions contributing to death and any other medical and health section data as may be required on the certificate. He or she shall also specify the time of attendance, the time he or she last saw the deceased person alive, and the hour and day on which death occurred. **This must be done within 15 hours after the death.**

With increasing demand for tissue for transplantation, many families consent for organ donation more often. Many of our decedents are tissue donors (heart valves, cornea, skin, bone). It is therefore important that cases are reported in a timely manner and medical records are available at time of release or removal.

## **SIGNING DEATH CERTIFICATES - GENERAL INFORMATION**

Physicians should be very cautious when completing and signing death certificates. A common practice is to ask the physician to sign a blank death certificate, then to complete a "work sheet" with the causes of death and other information. The understanding is that the funeral service provider will type the hand-written information from the "work sheet", onto the signed blank death certificate, thereby creating a more professional looking document. There have been cases where the physician's professional opinion is altered in a manner that would prevent the Coroner from becoming aware of a death that was otherwise reportable to the Coroner. Physicians should always insist on being given a copy of the final death certificate as filed with the Health Department and ensure that the final certificate reflects their professional opinion as originally indicated on the "work sheet."

## **I. PRONOUNCEMENT OF DEATH**

California Health and Safety Code Sections 7180 and 7181 establishes two methods of pronouncing death. The first is to determine in accordance with accepted medical standards, that there has been irreversible cessation of circulatory and respiratory function. This does not necessarily have to be done by a physician, although in a hospital or nursing home it ordinarily would be.

The second method is for two physicians to determine that brain death has occurred. In this case, the official time of death is the time at the second physician confirms brain death. It is not the responsibility of the Department of Coroner to respond to a possible decedent's body to pronounce death. This office has no legal authority to enter into a case until the person is in fact pronounced dead, and the only in those cases defined by the statutes which give the Coroner clear jurisdiction.

## **V. DEATH REPORT FORMS**

Whenever possible the Coroner desires to have a complete copy of all medical records in the decedent's patient file at the time the decedent is removed from the hospital. These usually include paramedic reports, E.R. physician admission notes, history and physical notes, discharge summaries, pertinent operative consultation reports, progress notes, culture reports and toxicology reports. In all cases, a Coroner's Form 18 (see attachment) must be completed in full prior to removal. All medical records must be available for release to the Coroner's department with the body. On the reverse side of the Form 18 is information describing types of death reportable to the Department of Coroner. This form should be completed by the attending physician or the physician who pronounced the patient dead, or other appropriate officer of the hospital or nursing facility. Clerical information may be provided by any authorized ancillary personnel.

In the hospital report, any unusual circumstances concerning the death of the patient, such as an injury or accident which has occurred in the hospital or nursing facility, should be reported. Information of this nature is very important for conducting a proper and thorough medico-legal investigation. Suspicion or evidence of toxic poisoning shall also be reported. Our laboratory will conduct the appropriate toxicological analysis. In some cases, the Coroner may request blood or other samples from the hospital laboratory.

Please report the death to the Coroner's office as soon as possible. Should there be any questions regarding any death that is within the Coroner's jurisdiction, have the attending physician contact this office at (323) 343-0711.

Deaths that involve gunshot wounds, stab wounds, suspected homicides or vehicular collisions, should, as a matter of hospital policy, be reported first to the law enforcement agency having jurisdiction. That agency will then be responsible for reporting the death to the Coroner. Hospital staff should notify the law enforcement agency having jurisdiction over the location where the injury occurred. This is necessary to ensure that investigations involving criminal activity are properly coordinated and that the most factual information is given to the Coroner.

When reporting the case, please state the location of the remains, (i.e., in emergency room, on ward, in morgue, unsecured storage room, etc.). Also tell the Coroner representative if the body is or will be under refrigeration up until our arrival. This will assist us in

making the removal. It is of the utmost importance that information be provided as to whether there are any blood, urine or other laboratory specimens available at your facility. This is especially important in suspected drug overdoses and in cases hospitalized over 24 hours. These specimens should not be destroyed. Rather, they should be properly preserved for release to the Coroner's representative along with the medical records when the remains are removed.

## • CASE HANDLING

In deaths known or suspected as coming under the jurisdiction of the Coroner, all diagnostic or therapeutic apparatus on or in the body at the time of death should not be disturbed or removed from the body **without the consent of the Coroner**. Tubes and IV lines may be cut and clamped to prevent drainage.

Remains shall be refrigerated as soon as possible. If no refrigeration is available, notify the Coroner.

Do not clean the body or clothing after death.

All clothing of the deceased should remain with the body.

Clothing on homicide or suspected homicide victims shall not be disposed of, or destroyed. It shall be released to the Coroner or with the Coroner's consent, it may be released to the investigating police agency.

The body should not be disturbed in any fashion, including photography, fingerprinting or evidence collection without prior permission of the Coroner.

Casts, splints, bandages, etc., that are on the person at death, shall be left intact.

IV needles, tracheal tubes, airways, drainage tubes and any other resuscitation implements on the person at death, shall remain intact on the body. Therapeutic paraphernalia will be returned to the hospital upon request.

If possible, admitting blood, urine and other specimens should be saved on all patients who are classified in critical condition whose death would result in Coroner jurisdiction. The placenta or the pathology report of the placenta should be submitted with the body in cases of stillbirth, fetal demise, and perinatal death.

Additionally, the toxicology screen results on urine and blood and the culture results on CSF/Blood/Urine/Sputum should be included. It is very important that the date and time of collection of these specimens be recorded on the specimen container.

If the family wishes to view the body before removal this is permissible provided the body is not cleaned or otherwise disturbed. Touching of the body is not permitted. In cases where there is potential criminal investigation, viewing should be strongly discouraged. Families should be advised that the opportunity for viewing would be at their funeral home. **Families should not be told that the Coroner allows viewing. There are no facilities for viewing of decedents at the Forensic Science Center.**

Identification of decedents is the responsibility of the Coroner. Several different methods are used. There is generally no need for next of kin or other family members to come to the Forensic Science Center for the purpose of identifying a decedent. If such assistance is required, the next of kin or other person having knowledge of the decedent will be contacted and asked to view a photograph of the decedent or produce other records.

Family members should be advised to contact a funeral service provider of their choice and make whatever arrangements they would like regarding the disposition of the decedent. The funeral service provider will coordinate the release of the remains and other issues on behalf of the next of kin. The Department of Coroner is neither a mortuary nor a funeral service provider. The Department of Health Services operates the Los Angeles County Morgue and will handle certain cases as indigent; however, proof of indigence is required. Contact the County Morgue (323) 226-7161 for more information.

If the family has not been notified of the death by the time the Coroner's representative arrives to remove the body, the representative should be made aware of this so that notification efforts can be initiated and/or coordinated.

In some instances, the death of an individual may become a Coroner's case after or during autopsy at a hospital. In these instances, we will require the following at the time of removal, or as soon as possible thereafter:

1. The autopsy report describing procedures completed before the case fell under Coroner jurisdiction.; also include clearance number if issued prior to autopsy.

2. All dissected organs and tissue samples collected must accompany the body;
3. Blood sample collected during autopsy to be available for pick up when the remains are removed from the facility (blood collected should be preserved in sodium fluoride 2 gm/100 cc blood);
4. Any blood sample collected prior to death while decedent was in hospital or emergency room;
5. Discharge summary or summary of clinical events prior to death (entire medical chart is preferable);
6. County of Los Angeles Department of Coroner Form #18 - Death Report, duly completed and signed;
7. If all or some of the above items will not be ready at the time of removal, please provide the name and contact number of the person who will provide these items to our staff at a later date.

## **RADIATION HAZARDS**

**ANY DECEDENT WHO FALLS UNDER THE JURISDICTION OF THE CORONER AND HAS HAD A RECENT NUCLEAR MEDICINE SCAN, RADIOACTIVE IMPLANT, OR RADIONUCLIDE THERAPY, MUST HAVE THAT INFORMATION PROVIDED TO THE CORONER AT THE TIME THE DEATH IS REPORTED. FURTHER INFORMATION REGARDING THE PROCEDURE(S) AND WHETHER OR NOT HANDLING OF THE BODY WILL PRESENT A SAFETY HAZARD TO CORONER STAFF AND FOR HOW LONG SHOULD ALSO BE DISCLOSED.**

## **I. DEAD ON ARRIVAL (DOA) PROCEDURES**

In all Coroner's cases that are DOA or that are not admitted, the following procedure must be followed:

The next-of-kin should be contacted, if not present at the hospital. Documentation of notification should be made. Person effects are not to be released to anyone without the consent of the Coroner. If the next of kin are unavailable, the property should be withheld and given to the Coroner representative. Should the next-of-kin leave prior to Coroner's arrival, obtain telephone number where they can be reached.

After the decedent is pronounced dead, the decedent and his/her clothing shall not be disturbed in any manner, and the remains shall not be searched by anyone, nor shall the body be used for post mortem training or practice. The body, the clothing and all personal property are under the jurisdiction of the Coroner and permission of the Coroner is required before any post-mortem handling. This prohibition applies to law enforcement agencies as well. **Exception:** Traffic accident victims may be searched for a "Donor Card" by law enforcement personnel. **If a donor card is found, that information shall be communicated to the Coroner immediately.** Should it be necessary for investigating agencies to search the remains for any other reason, they must request permission to search the remains from the Coroner Watch Commander on duty at (323) 343-0714.

Decedents may be removed from the emergency room after the death is reported, and placed in a secured or locked room or refrigerated morgue or crypt. This is especially true if personal property remains on the decedent. If the hospital or other facility has no refrigerated storage area for the decedent, this information needs to be communicated to the Department of Coroner as part of the initial death report.

The Coroner's representative will make a thorough search for property, in the presence of witnesses from your facility, who will be given a copy of the official receipt for all property found on the decedent.

Your cooperation with our representative will be appreciated, and will contribute to a proper and legal death investigation.

In all Coroner's cases are autopsied. Those that are not may still be autopsied by the family's private pathologist after the Coroner releases the remains to a mortuary or declines jurisdiction in the death. In any case, the private pathologist should secure a valid autopsy consent from the legal next of kin in writing before performing any post-mortem examination.

**UNDER NO CIRCUMSTANCES SHOULD PHYSICIANS OR HOSPITAL STAFF IMPLY TO FAMILIES THAT REFUSAL TO GRANT THE HOSPITAL PERMISSION TO AUTOPSY WILL AUTOMATICALLY BRING THE DEATH WITHIN THE JURISDICTION OF THE DEPARTMENT OF CORONER.**

**CONVERSELY, NO FAMILY SHOULD BE TOLD THAT THE CORONER WOULD, IN FACT, BE PERFORMING AN AUTOPSY ON A PARTICULAR DECEDENT.**



nder California Government Code Section 27491.43 (b), only the decedent can execute a certificate of religious belief against th  
rformance of an autopsy procedure. This must be done **prior** to death. The next of kin has no standing to decline an autopsy i  
u of this certificate.

he Department of Coroner does not have, nor does it recognize an “Autopsy Waiver” signed by family members. If the legal ne  
f kin wish to attempt to block a Coroner’s autopsy, the Coroner will allow 48 hours in which the legal next of kin may pursue  
ourt order blocking the autopsy. If, after 48 hours, a court order is not secured, the autopsy will proceed. If a court order shoul  
sue, the Coroner will then certify the death by other means, in accordance with departmental procedures. Blocking an autopsy ma  
ave both criminal and civil legal ramifications and may affect payment on insurance claims.

he decision as to whether an autopsy is to be performed is made by a Senior Deputy Medical Examiner, in accordance wit  
partmental policies.

ttending physicians may be allowed to observe an autopsy on their cases. Physicians should notify Investigations at (323) 343  
714, if they would like to be called, or contact the Medical Division at (323) 343-0520 during business hours to make your requ  
own. The assigned Deputy Medical Examiner will inform them one (1) hour prior to autopsy. Please be aware that there are stri  
rotective apparel policies required to maintain the health and safety of all visitors to the security floor.

utopsy reports are made available upon request by the hospital administration.

ttending physicians can make an autopsy request to the family concerned with the understanding that such a request may be act  
on privately only if:

- The death of the deceased does not fall under the jurisdiction of the Coroner;
- or-
- The case did fall under the jurisdiction of the Department of Coroner, however, an autopsy was deemed unnecessary an  
therefore, not performed.

, during a family consented hospital autopsy, there are findings, which make the decedent a Coroner’s case, the hospital pathologi  
ust provide the Department of Coroner a report on his/her dissection. (See page 7 for more information) The family should b  
ffered to the Department of Coroner for further information.

**PAID AUTOPSIES**

Under the California Government Code section 27520, upon request of the legal next of kin of a decedent, the Coroner sha  
perform an autopsy on a decedent. However, the Coroner is entitled to recover costs for the autopsy, which are to be borne b  
the requesting party. The costs of a paid autopsy do not include exhumation costs (if applicable). Payment of fees must be mad  
before any services are performed. Paid autopsies are coordinated through the Investigations Division at (323) 343-0714.

**II. INFORMATION SERVICES**

an effort to provide you with more information than is contained in this summary, the following list of telephone numbers might b  
lpful:

- o report a case (24-hours).....(323) 343-0711
- equst to be present at autopsy (physicians only).....(323) 343-0520
- or information concerning autopsy protocols.....(323) 343-0512
- Call this number to request a resupply of Form #18's)
- roner Investigations (24-hours).....(323) 343-0714
- hief, Coroner Investigations.....(323) 343-0724
- hief, Forensic Medicine.....(323) 343-0715
- hief, Forensic Laboratories.....(323) 343-0530

Chief, Public Services.....	(323) 343-0516
Chief, Administrative Services.....	(323) 343-0784
Public Information Officer (Press/Media calls).....	(323) 343-0783/0788
Personal Property Section.....	(323) 343-0515
Notifications (Next of Kin Status).....	(323) 343-0755
Identifications (John/Jane Does).....	(323) 343-0754

### III. OTHER PERTINENT DUTIES OF THE DEPARTMENT OF CORONER

#### . Examination

##### 1. Section 27491.2 Government Code

- "The Coroner or the Coroner's appointed deputy, on being informed of a death and finding it to fall into the classification of deaths requiring his or her inquiry, may immediately proceed to where the body lies, examine the body, make identification, make inquiry into the circumstances, manner and means of death, and, as circumstances warrant, either order its removal for further investigation or disposition, or release the body to the next-of-kin".

***NOTE:** The Coroner may, in certain cases, authorize the release of remains to the next-of-kin's mortuary. Should this occur, the authority for release rests with the Coroner and no signed release from family members should be required of the handling mortuary. All Mortuary releases of Coroner's cases should be verified for authenticity with the Department of Coroner before the release occurs.*

- For purposes of inquiry, "the body of one who is known to be dead under any of the circumstances described in Section 27491 shall not be disturbed or moved from the position or place of death without permission of the Coroner or the coroner appointed deputy."

#### . Taking Charge of Personal Effects and Property

##### 1. Government Code 27491.3

- "In any death into which the Coroner is to inquire, the coroner may take charge of any and all personal effects, valuables, and property of the deceased at the scene of death and hold or safeguard them until lawful disposition thereof can be made. The coroner may lock the premises and apply a seal to the door or doors prohibiting entrance to the premises, pending arrival of legally authorized representative of the deceased. However, this shall not be done in such a manner as to interfere with the investigation being conducted by other law enforcement agencies. Any costs arising from the premises being locked and sealed while occupied by property of the deceased may be a proper and legal charge against the estate of the deceased... Any property or evidence related to the investigation or prosecution of any known or suspected criminal death may, with knowledge of the Coroner, be delivered to a law enforcement agency or district attorney, receipt for which shall be acknowledged."

"...Any persons who searches for or removes any papers, moneys, valuable property or weapons constituting the estate of the deceased from the person of the deceased or from the premises, prior to the arrival of the Coroner or without the permission of the coroner, is guilty of a misdemeanor. At the scene of any death, when it is immediately apparent or when it has not been previously recognized and the Coroner's examination reveals that police investigation or criminal prosecution may ensue, the Coroner shall not further disturb the body or any related evidence until the law enforcement agency has had reasonable opportunity to respond to the scene, if their purposes so require and they so request."

##### 2. Government Code 27491.4

- "For purposes of inquiry the Coroner shall, within 24-hours or as soon as feasible thereafter, where the suspected cause of death is Sudden Infant Death Syndrome and in all other cases the Coroner may, in his or her discretion, take possession of the body, which shall include the authority to exhume the body, order it removed to a convenient place, and make or cause to be made a post mortem examination or autopsy thereon, and make or cause to be made an analysis of the stomach, stomach

contents, blood, organs, fluids, or tissues of the body. The detailed medical findings resulting from an inspection of the body or autopsy by an examining physician shall be either reduced to writing or permanently preserved on recording discs or other similar recording media, shall include all positive and negative findings pertinent establishing the cause of death in accordance with medicolegal practice and this, along with the written opinions and conclusions of the examining physician shall be included in the Coroner's record of the death. The coroner shall have the right to retain only such tissues of the body removed at the time of the autopsy as may, in his or her opinion, be necessary or advisable to the inquiry into the case or for verification of his or her findings. No person may be present during the performance of a Coroner's autopsy without the express consent of the Coroner."

## **I. Fetal Death Registration**

Sections 102950, 102975, 103000 Health & Safety Code:

All fetal deaths where there is no physician present at the expiration are Coroner's cases. If a physician is present, he/she shall certify the cause of death.

Fetal Death Registration - All fetal deaths that cannot be attested to by a physician, that have reached the 20th week of gestation will be certified by the Coroner.

Fetal Death - A death prior to the completion of expulsion or extraction from its mother of a product of conception (irrespective of the duration of pregnancy); the death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.

A Certificate of Fetal Death is required to be registered when the fetus has advanced to or beyond the 20th week of gestation. When length of gestation is not determined, the following criteria may be used:

- Weight of 400 grams or more.
- Crown-heel length of 28 centimeters or more.

If both of the above criteria are met, the fetus should be registered as a fetal death.

Fetal deaths that are the result of therapeutic abortion do not require certification nor are they reportable to the County Coroner.

## **I. Disclosure of Medical Information by Providers**

California Civil Code Section 56.10 (b)-(8) & 56.10 (c)-(6)

(b) A provider of health care, a health care service plan, or a contractor **SHALL** disclose medical information if the disclosure is compelled by any of the following:

(8) By a Coroner, when requested in the course of an investigation by the Coroner's office for the purpose of identifying the decedent or locating the next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisoning, accidents, sudden infant death, suspicious death, unknown deaths, or criminal deaths, or when otherwise authorized by the decedent's representative. Medical information requested by the Coroner under this paragraph shall be limited to information regarding the patient who is the decedent and who is the subject of the investigation and shall be disclosed to the Coroner without delay upon request.

(c) A provider of health care, or a health care service plan may disclose medical information as follows:

(6) The information may be disclosed to the county Coroner in the course of an investigation by the Coroner's office when requested for all purposes not included in paragraph (8) of subdivision (b).

## **E. Subpoena Duces Tecum - Enforcement**

### **1. Government Code 27498(a)**

"The Coroner may issue subpoenas for witnesses, returnable forthwith or at such time and place as the Coroner appoints which may be served by any competent person. The Coroner may also require any such witness to bring with him or her any books, records, documents, or other things under the control of the witness which, in the opinion of the Coroner, are

necessary to the conduct of the inquest and as a further aid in determining the circumstances, manner, and cause of death of the decedent. To enforce the provisions of this section, the Coroner may issue subpoenas duces tecum in accordance with Section 1985 of the Code of Civil Procedure. In case of failure of a witness to attend, and in the case of subpoena duces tecum, for the failure to produce the items set forth, therein, the Coroner, or the Coroner's authorized deputy, issuing the subpoena upon proof of service thereof, and the failure of the witness, may certify the facts to the superior court in the county where the proceedings are held. The court shall thereupon issue an order directing the person to appear before the court and show cause why he or she should not be ordered to comply. The order and a copy of the certified statement shall be served on the person. Thereafter the court shall have jurisdiction of the matter. The same proceedings shall be had, the same penalties may be imposed and the person charged may purge himself or herself of the contempt in the same way as in the case of a person who has committed a contempt in the trial of a civil action before a superior court. The items set forth on the subpoena duces tecum shall not be made public unless an inquest is held."

## **K. TISSUE HARVESTING - CORONER**

Not only is timely reporting necessary for reasons discussed previously, it is also paramount for effective organ and tissue recovery procedures. The donation and recovery process cannot begin until the Coroner has been properly notified of the death and approved by and all proposed transplant related procedures.

Hospital staff are encouraged to consider a Coroner case as a potential donor. Once a death is reported to the Coroner, the donation and recovery process can begin. Please understand that it is the hospital's responsibility to report a death or in some cases, contact the responsible law enforcement agency so that they may report the death. The responsibility for reporting a death should not be deferred to an organ procurement organization or tissue bank. The Coroner is supportive of organ and tissue donation and is an active participant in this life saving and life improving mission.

**The legal next of kin of a decedent are the most important participants in any organ or tissue donation process. The consent of the Coroner is only half of the equation. The legal next of kin must also approve any organ or tissue donation. The Coroner cannot approve any donation without the consent of the LEGAL NEXT OF KIN. If the decedent's death is under the jurisdiction of the Coroner, the legal next of kin cannot authorize organ or tissue donation without the consent of the Coroner. On unidentified Coroner cases, the Department of Coroner does not have the authority to allow organ procurement requests on "Doe" cases will be denied.**

The Coroner is ultimately responsible for determining mode and cause of death. The decision to authorize organ or tissue harvesting rests with the Coroner, **not a law enforcement agency**. While the concerns of a law enforcement agency will be taken into consideration, the Coroner will consider all facts available and make a decision based on our ability to fulfill our State mandate functions. It is for this reason that the Coroner requires deaths to be reported by those having first hand knowledge of the circumstances surrounding a death. More often than not, it is the investigating agency that has that information.

Please ensure that the Hospital Death Report Form #18 is complete regarding the organ and tissue donation information. Also, a mission blood sample is needed, as pre-procurement perfusion factors affect toxicological analysis.

Currently under a contractual agreement with the County of Los Angeles, Department of Coroner, an approved contractor will review all cases for their donation suitability. Some restrictions to recovery of organs and tissues may be imposed so as not to compromise vital forensic evaluation and evidence collection. For example, a victim of a gunshot wound with trauma to the face would probably not be a candidate for ocular donation. However, other tissues and possibly organs could be recovered.

Finally, tissue and organ donation should not delay funeral arrangements, prevent viewing of the decedent, or disrupt normal hospital death procedures as long as these guidelines are followed.

## **L. HOSPICE INFORMATION**

Many families are opting to use hospice services, either at a dedicated facility or in a private home. Many deaths that occur in a hospice setting will not fall under the jurisdiction of the Coroner. However, some deaths will by virtue of the specific condition responsible for the death.

For example, deaths due to Mesothelioma, Pneumoconiosis or Asbestosis are generally a result of a work-related exposure sometime during the life of the decedent. The exposure may have occurred during wartime and/or when the person was fairly young. These deaths, even if a physician has seen the decedent within 20 days of the death, must be reported to the Coroner.

With respect to pronouncement of death in a hospice setting, please see page 5. Deaths that occur in the home, regardless of the fact that the death occurred while under the auspices of a hospice program, may, by local policy or procedure, require an emergency

response by law enforcement, fire, ambulance or all three. While there is no State law that requires such a response, local jurisdictions may so require by virtue of a municipal ordinance or agency policy. Many mortuaries will not remove a decedent from residence until they are satisfied that the authorities have been contacted and are aware of the death. While such a response is the antithesis of a hospice program, families should be aware that it could occur. The responding agencies primary interest is to inquire to the death and be assured that the death occurred under natural conditions, without foul play and does not require the Coroner to assume jurisdiction in the death for any reason, including the signing of the death certificate.

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**TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041**  
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

CC# \_\_\_\_\_

NAME OF FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOSPITAL PHONE # \_\_\_\_\_

NAME OF DECEDENT \_\_\_\_\_

HOW IDENTIFIED \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ TIME \_\_\_\_\_

PRONOUNCED BY \_\_\_\_\_ MEDICAL RECORD OR PATIENT FILE # \_\_\_\_\_

**ORGAN/TISSUE DONATION INFORMATION**

WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION?

NO ☐ YES ☐ IF YES WHAT WAS THEIR RESPONSE? \_\_\_\_\_

DATE ADMITTED \_\_\_\_\_ TIME \_\_\_\_\_

☐ SELF ☐ AMBULANCE (Name or R.A.#) \_\_\_\_\_

FROM \_\_\_\_\_  
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: \_\_\_\_\_ M.D. PRIMARY ATTENDING PHYSICIAN \_\_\_\_\_ M.D.

OFFICE PHONE # \_\_\_\_\_ OFFICE PHONE # \_\_\_\_\_

INJURIES \_\_\_\_\_ PLACE \_\_\_\_\_ CAUSE \_\_\_\_\_  
DATE TIME (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES:

CLINICAL HISTORY:

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY \_\_\_\_\_

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN \_\_\_\_\_ DATE & TIME \_\_\_\_\_

LABORATORY PHONE NUMBER \_\_\_\_\_

MICROBIOLOGY CULTURE RESULTS: \_\_\_\_\_ NO \_\_\_\_\_ YES (ATTACH REPORT)

TOXICOLOGY SCREEN: \_\_\_\_\_ NO \_\_\_\_\_ YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: \_\_\_\_\_ NO \_\_\_\_\_ YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: \_\_\_\_\_

BY \_\_\_\_\_ M.D. -OR- \_\_\_\_\_

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # \_\_\_\_\_ OFFICE PHONE # \_\_\_\_\_

1. THE BODY WILL NOT BE REMOVED BY THE CORONER WITHOUT THIS COMPLETED REPORT AND COPIES OF ALL CHARTS.
2. ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO ACCOMPANY THE REMAINS.



Section 102850 (Health and Safety Code, State of California)

A PHYSICIAN, FUNERAL DIRECTOR OR OTHER PERSON SHALL IMMEDIATELY NOTIFY THE CORONER WHEN HE HAS KNOWLEDGE OF A DEATH WHICH OCCURRED OR HAS CHARGE OF A BODY IN WHICH DEATH OCCURED:

- a. Without medical attendance.
- b. During the continued absence of the attending physician.
- c. Where the attending physician is unable to state the cause of death.
- d. Where the deceased person was killed or committed suicide.
- e. Where the deceased person died as the result of an accident.
- f. Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

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Section 27491 of the Government Code, State of California

It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, or any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner. Inquiry in this section does not include those investigative functions usually performed by other law enforcement agencies.

In any case in which the coroner conducts an inquiry pursuant to this section, the coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the coroner shall forward a copy of his report to the state agency responsible for the state hospital.

The coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of a death occurring under natural circumstances, the coroner may authorize that physician to sign the certificate of death.

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Listed below are types of deaths which have been difficult to evaluate and **should be referred** to the Coroner for decision:

Aspiration — refer to Coroner

Suffocation — refer to Coroner

Drug addiction — refer to Coroner

Exposure — refer to Coroner

Pneumoconiosis — refer to Coroner

Gastroenteritis

a. Do not use as cause of death. If death a result of "Acute Hemorrhagic Enteritis of undetermined natural causes," it is not a case for the Coroner.

b. Refer all others to the Coroner because of possibility of poisoning.

Gastrointestinal hemorrhage

a. Do not use alone as cause of death. If death a result of "Gastrointestinal hemorrhage of undetermined natural causes," it is not a case for the Coroner.

b. Refer all others to the Coroner.

Heat prostration — refer to Coroner.

Diarrhea — should not be used as immediate cause of death.

Fractures

a. All fractures should be evaluated by the Coroner except **SPONTANEOUS PATHOLOGICAL** fractures.

Therapeutic misadventure — refer to Coroner

Operative Deaths (result of surgery or anesthesia) — refer to Coroner.

**CONTAGIOUS DISEASES**

A coroner's referral will not be necessary for diagnosed cases of contagious diseases since local procedures and the action by the Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnosed contagious disease, such as, possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the coroner for diagnosis following which notification of proper authorities will be made.

